

2013 UnitedHealthcare Community Plan BAYOU HEALTH Grievances and State Fair Hearings Report	
I. Contact Information	
Health Plan ID	2162438
Health Plan Name:	United HealthCare Community Plan
Contact Name:	***
Contact Email	***

October - December		
UnitedHealthcare Community Plan		
BAYOU HEALTH Grievances and State Fair Hearings Report		
II. Review Activities		
	Grievances	State Fair Hearings
Number of grievances reviewed:	13	8
Number of grievances/State Fair Hearings resolved:	13	6
Number of grievances considered invalid:	0	N/A
Average length of time to complete each grievances/State Fair Hearing:	7.77	6.2
Number of overturned decisions at State Fair Hearing Level:	NA	0
Number of State Fair Hearing cases where plan reversed its decision in the member's favor:	NA	2
Percentage of overturned decisions at the State Fair Hearing level:	NA	0
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor:	NA	25%
In cases where the health plan decision was overturned in the member's favor at the State Fair Hearing level, what were the most common reasons?		
N/A		
In State Fair Hearing cases where the health plan reversed its decision in the member's favor, what were the most common reasons?		
Additional information		
List the top 5 reasons that were most commonly the subject of grievances:		
Quality of Care		
Attitude of Staff/Provider		
Timeliness		
	Grievances	State Fair Hearings
Percentage of overturned decisions at State Fair Hearing Level in Contract Year 2013:	NA	
Percentage of State Fair Hearing cases where plan reversed its decision in the member's favor in Contract Year 2013:	NA	

2013 Bayou Health Shared Plan: UnitedHealthcare Community Plan							
Grievances Summary Report							
*Grievances received or completed in 2013 (If grievance was not completed in 2013, write "pending" in column 3.)							
Grievance Reporting Period:							
(1) Date Grievance Received	(2) Medicaid ID of Member	(3) Individual & Relationship to Person Filing Grievance (Member, Authorized Rep. or Provider)	(4) Reason for Grievance (Use Number Code from Reason Summary)	(5) Grievance Reason Narrative	(6) Date Grievance Completed	(7) Number of Days to Resolve	(8) Details of resolution
10/17/2013	***	Member	1	The member was not satisfied with the quality of care she received from the provider.	10/21/2013	5	QoC Investigation
10/23/2013	***	Member	3	The provider and his staff were rude towards the member.	11/1/2013	10	Changed PCP
11/4/2013	***	Member	3	The provider behavior in the office was unprofessional.	11/14/2013	11	Unable to speak with member, did not return voice messages
11/13/2013	***	Member	5	There was a long wait in the provider's office.	11/18/2013	6	Member decided to stay with current PCP, mailed provider directory
11/25/2013	***	Member	3	The provider spoke to the member in an unprofessional manner.	12/11/2013	17	E-mailed spreadsheet of orthopedic specialists. Member to follow-up with PCP.
12/3/2013	***	Member	5	The member had a long wait in the provider office.	12/10/2013	8	Changed PCP
12/4/2013	***	Member Representative	1	The mother feels the provider is not helpful. She has to figure and do everything on her own.	12/6/2013	3	QOC investigation
12/4/2013	***	Member Representative	1	The mother feels the provider is not helpful. She has to figure and do everything on her own.	12/6/2013	3	QOC investigation
12/4/2013	***	Member	1	The provider did not examine the member properly.	12/16/2013	13	QOC Investigation
12/3/2013	***	member	1	The provider did not refer to specialist in timely manner	12/9/2013	7	QOC investigation
12/9/2013	***	Member	1	The provider is not examining the member proper	12/16/2013	8	QOC investigation
12/19/2013	***	Member Representative	3	The provider refused to see the member because the mother was 20 mins late to the appointment	12/23/2013	5	Mailed Provider Directory, indicated they wanted to change PCP.
12/26/2013	***	Member	3	Member can not find an accepting podiatrist in the network.	12/30/2013	5	Called membe with list of providers as well as mailed listing of Podiatirsts.

October - December 2013

UnitedHealthcare Community Plan

BAYOU HEALTH State Fair Hearing Summary Report

\*Annual Report: If hearing was not completed in 20\_\_, indicate status as "pending" in column 7

State Fair Hearing Reporting Period:	
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[illegible]

<div><div>Oct. - Dec. 2013</div><div>UnitedHealthcare Community Plan</div><div>Reason Summary Chart</div></div>			
Reason Number Code	Reason	Number of Grievances	Number of State Fair Hearings
1	Quality of Care	6	
2	Accessibility of office		
3	Attitude/Service of staff	5	
4	Quality of office, building		
5	Timeliness	2	
6	Billing and Financial issues		
7	Clinical Criteria Not Met - Durable Medical Equipment		
8	Clinical Criteria Not Met - Inpatient Admissions		1
9	Clinical Criteria Not Met - Medical Procedure		6
10	Prior or Post Authorization		
11	Lack of Information from Provider		
12	Level of Care Dispute		1
13	Not a State Plan Services		
14	Other (Must provide description in narrative column of Summary Reports)		
TOTALS		13	8
DO NOT ADD OR CHANGE REASON CODES			